

Fill in this information to identify the case:

Debtor name New Jersey Orthopaedic Institute LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 25-11370

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 25, 2025

X /s/ Vincent McInerney

Signature of individual signing on behalf of debtor

Vincent McInerney

Printed name

Sole Member

Position or relationship to debtor

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Debtor name New Jersey Orthopaedic Institute LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 25-11370

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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 5,897,554.67

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 5,897,554.67

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 7,782,152.73

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 98,049.75

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 2,603,074.65

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 10,483,277.13

Fill in this information to identify the case:Debtor name New Jersey Orthopaedic Institute LLCUnited States Bankruptcy Court for the: DISTRICT OF NEW JERSEYCase number (if known) 25-11370☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Wells FargoOperating5229\$2,572.983.2. Wells FargoPayroll5179\$13,999.303.3. Valley National BankOperating9931\$0.003.4. Valley National BankSavings7645\$10.003.5. Chase BankSavings4604\$236.21**4. Other cash equivalents (Identify all)**4.1. Escrowed Deposit with Friar Levitt firm\$875,000.00

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5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$891,818.49

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 1,165,898.52 - 0.00 = \$1,165,898.52
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,165,898.52

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Medical Supplies		\$75,000.00	Recent cost	\$75,000.00
	1900 Union Valley Rd, Hewitt, NJ 07421		\$0.00	Comparable sale	\$0.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$75,000.00

24. **Is any of the property listed in Part 5 perishable?**

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- ☐ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No

☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☐ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☐ No. Go to Part 7.

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture - tables, chairs, computers - net of depreciation	\$0.00		\$0.00
40.	Office fixtures Leasehold Improvements net of depreciation	\$98,000.00	Recent cost	\$98,000.00
41.	Office equipment, including all computer equipment and communication systems equipment and software Portable ultrasound machine and accessories	\$1,000.00		\$1,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$99,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No

☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☐ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

Debtor New Jersey Orthopaedic Institute LLC
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- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 504 Valley Rd, Suite 22, Wayne, NJ 07470	Lease	\$0.00	Comparable sale	\$0.00
55.2. 111 Madison Ave, Suite 400, Morristown, NJ 07962	Lease	\$0.00	Comparable sale	\$0.00
55.3. 45 Carey Avenue, Butler, NJ 07405	Lease	\$0.00	Comparable sale	\$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>https://www.njorthoinstitute.com/</u>	Unknown	N/A	Unknown

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62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

Intracompany receivable from

Northlands Orthopaedic Institute LLC

3,665,837.66

Total face amount

-

0.00

doubtful or uncollectible amount

=

\$3,665,837.66

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

Medical Malpractice Insurance - MagMutual

Unknown

Workers' Compensation Insurance - CNA Insurance

Unknown

**Employment Practices liability insurance - United States
Liability Ins. Company**

Unknown

Cyber Security insurance - MagMutual

Unknown

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Business Overhead Insurance - UNUM

Unknown

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

New York Giants Tickets

Unknown

New Jersey Devils Tickets

Unknown

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$3,665,837.66

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No
☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$891,818.49	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,165,898.52	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$75,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$99,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+\$3,665,837.66	
91. Total. Add lines 80 through 90 for each column	\$5,897,554.67	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$5,897,554.67

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Debtor	Name	Case number (if known)
	New Jersey Orthopaedic Institute LLC	25-11370
	Anthony Scillia, M.D 1125 Maxwell Lane Unit 600 Hoboken, NJ 07030	Line <u>2.1</u>
	Casey Pierce, M.D. 105 Andover Rd Wayne, NJ 07470	Line <u>2.1</u>
	Craig Wright, M.D.	Line <u>2.1</u>
	John Callaghan, M.D. 107 Upper Mountain Avenue Montclair, NJ 07042	Line <u>2.1</u>
	Paul DeMartino, Esq. Brach Eichler LLC 101 Eisenhower Parkway Roseland, NJ 07068	Line <u>2.1</u>

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Debtor name **New Jersey Orthopaedic Institute LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address</p> <p>Andrew Sawires 2 2nd st. Apartment 3704 Jersey City, NJ 07302</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>SSN: XXX-XX-0374</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$23,076.00	\$15,150.00
2.2	<p>Priority creditor's name and mailing address</p> <p>Angela Reyes 79 Maple Ave 1st FL Little Falls, NJ 07424</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$2,388.00	\$2,388.00

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2.3	Priority creditor's name and mailing address Ashley Minetti 38 Benham Way Sparta, NJ 07871	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,000.00	\$5,000.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Barbara J Davis 22 Hilton Street Pequannock, NJ 07440	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$600.00	\$600.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Barbara M Orlos 370 High Crest Dr West Milford, NJ 07480	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,038.38	\$2,038.38
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Christina Cavero 479 East 31st Paterson, NJ 07504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,958.25	\$1,958.25
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.7	Priority creditor's name and mailing address Deborah M Lopez 56 Newark Place Belleville, NJ 07109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,480.63	\$2,480.63
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Jason E Kooch 250 W. 27th St. New York, NY 10001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,807.60	\$4,807.60
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Jennifer Cruz 184 Lily Street Paterson, NJ 07522	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,757.00	\$1,757.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Jissel Valerio 332 Trenton Ave Paterson, NJ 07503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,160.00	\$2,160.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.11	Priority creditor's name and mailing address Kinga Skalska-Dybas 16 Trafalgar Court Hackettstown, NJ 07840	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,500.00	\$7,500.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Laurelle A. McInerney P.O. Box 479 New Vernon, NJ 07976	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,175.20	\$1,175.20
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Lisa McInerney 10 Boxwood Dr Morristown, NJ 07960	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,800.00	\$4,800.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Marc Mortellaro 209 Broadway Keyport, NJ 07735	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,230.40	\$4,230.40
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.15	Priority creditor's name and mailing address Melissa Ellis 82 Randolph Place West Orange, NJ 07052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,388.00	\$2,388.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Michael K Shindle 35 Meadow Lane Morristown, NJ 07960	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,384.80	\$15,150.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Robert Palacios 304 South Pascack Road Nanuet, NY 10954	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,798.40	\$12,798.40
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Tatiana Yascaribay 398 Taylor Ave Hackensack, NJ 07601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,825.97	\$1,825.97
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	New Jersey Orthopaedic Institute LLC Name	Case number (if known)	25-11370
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2.19	Priority creditor's name and mailing address Wyatt J Montferrante 12 2nd Street Butler, NJ 07405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$93.42	\$93.42
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Xaiomy Burgos 425 Roe Street Haledon, NJ 07508	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,587.70	\$1,587.70
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address 622 Eagle Rock Ave. Realty, LLC c/o Tracey Goldstein, Esq., Goldstein Kelin LLC 290 W. Mt. Pleasant Ave., Suite 1340 Livingston, NJ 07039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$595,234.71
Date(s) debt was incurred _		Basis for the claim: <u>Settlement</u>	
Last 4 digits of account number _		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

3.2	Nonpriority creditor's name and mailing address Aetna Inc. PO Box 639715 Cincinnati, OH 45263	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$258.25
Date(s) debt was incurred _		Basis for the claim: <u>Insurance overpayment</u>	
Last 4 digits of account number _		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

3.3	Nonpriority creditor's name and mailing address AHS Investment Corporation 200 American Rd Morristown, NJ 07960	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,013.00
Date(s) debt was incurred _		Basis for the claim: <u>Landlord</u>	
Last 4 digits of account number _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	New Jersey Orthopaedic Institute LLC		Case number (if known)	25-11370
Name				
3.4	Nonpriority creditor's name and mailing address Allscripts Healthcare, LLC 305 Church at North Hills Street Raleigh, NC 27609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Practice Management Systems</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$547.75	
3.5	Nonpriority creditor's name and mailing address Artrex Inc PO BOX 403511 Atlanta, GA 30384-3511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,500.00	
3.6	Nonpriority creditor's name and mailing address Association Member Trust 636 Morris Turnpike, Suite 2A Short Hills, NJ 07078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Health Insurer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,844.62	
3.7	Nonpriority creditor's name and mailing address Cablevision LightPath, LLC PO BOX 788632 Philadelphia, PA 19178-8632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone System</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,167.69	
3.8	Nonpriority creditor's name and mailing address CNA 151 North Franklin Street, Chicago, IL 6 Chicago, IL 60606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00	
3.9	Nonpriority creditor's name and mailing address Daniels Sharpsmart, Inc PO BOX 735290 Dallas, TX 75373-5290 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Waste Disposal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$504.29	
3.10	Nonpriority creditor's name and mailing address Dayforce Inc. PO BOX 772830 Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll processing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$686.20	

Debtor	New Jersey Orthopaedic Institute LLC		Case number (if known)	25-11370
Name				
3.11	Nonpriority creditor's name and mailing address Dictation Source PO BOX 12835 Pittsburgh, PA 15241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Transcription Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,271.66	
3.12	Nonpriority creditor's name and mailing address Elizabeth Hawruk, MD N. Jersey Center for Arthritis and Osteo 45 Carey Avenue Butler, NJ 07405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Landlord</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00	
3.13	Nonpriority creditor's name and mailing address Freshbooks 225 King St W, Ste 1200 Toronto, Ontario M5V 3M2 Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cloud Accounting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00	
3.14	Nonpriority creditor's name and mailing address Frier Levitt 84 Bloomfield Ave Pine Brook, NJ 07058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$412,945.25	
3.15	Nonpriority creditor's name and mailing address Future Plan by Ascensus 23693 Network Place Chicago, IL 60673-1236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>3rd Party Administrator</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,885.25	
3.16	Nonpriority creditor's name and mailing address Johnson & Johnson Health Care Systems 4301 West Boy Scout Boulevard Tampa, FL 33607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,260.00	
3.17	Nonpriority creditor's name and mailing address Keystone Answering Service 141 Friends Lane, Ste. 200 Newtown, PA 18940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Answering system</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$518.35	

Debtor	Name	Case number (if known)	
	New Jersey Orthopaedic Institute LLC	25-11370	
3.18	Nonpriority creditor's name and mailing address Law Office of Robert M. Fields, PLLC 6 Captain Lawrence Drive South Salem, NY 10590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,045.00
3.19	Nonpriority creditor's name and mailing address Leaf PO BOX 5066 Hartford, CT 06102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Copier lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$836.62
3.20	Nonpriority creditor's name and mailing address Lynch, Lynch, Held and Rosenberg PC 440 Route 17 North Hasbrouck Heights, NJ 07604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.21	Nonpriority creditor's name and mailing address MagMutual 3535 Piedmont Rd. NE Bldg. 14-1000 Atlanta, GA 30305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Malpractice Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130,000.00
3.22	Nonpriority creditor's name and mailing address McKesson Medical-Surgical, Inc 9954 Mayland Dr, Suite 4000 Atlanta, GA 23233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,176.52
3.23	Nonpriority creditor's name and mailing address Medent 15 Hulbert Street Auburn, NY 13021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electronic Health System</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,072.05
3.24	Nonpriority creditor's name and mailing address Merrill Lynch Pierce Fenner & Smith Two Bala Plaza, Suite 601 Bala Cynwyd, PA 19004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pension Plan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190,075.18

Debtor	New Jersey Orthopaedic Institute LLC <small>Name</small>	Case number (if known)	25-11370
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3.25	Nonpriority creditor's name and mailing address Merrill Lynch Wealth Management Merrill Lynch Pierce Fenner & Smith Two Bala Plaza, Suite 601 Bala Cynwyd, PA 19004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Funding Shortfall - NJ Ortho Institute Cash Balance Plan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190,075.18
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3.26	Nonpriority creditor's name and mailing address Michael K Shindle 11 Wisteria Court Madison, NJ 07940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208,562.68
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3.27	Nonpriority creditor's name and mailing address Mindware Connections 144 Village Landing #310 Fairport, NY 14450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.28	Nonpriority creditor's name and mailing address MJD Realty 1900 Union Valley Road, Ste 303 Hewitt, NJ 07421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Landlord</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,250.00
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3.29	Nonpriority creditor's name and mailing address Navinet, Inc. PO Box 8048 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance claims system</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.00
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3.30	Nonpriority creditor's name and mailing address NJ Business & Industry Association 10 West Lafayette Street Trenton, NJ 08608-2002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Organization Membership</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$690.00
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3.31	Nonpriority creditor's name and mailing address ODP Business Solution PO BOX 7241 Sioux Falls, SD 57117-7241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Supplies</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$1,829.58
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Debtor Name	New Jersey Orthopaedic Institute LLC	Case number (if known)	25-11370
3.32	Nonpriority creditor's name and mailing address Pitney Bowes Global Financial PO BOX 981022 Boston, MA 02298 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Mailing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.33	Nonpriority creditor's name and mailing address Radiant Imaging Solutions 163 E Main St. PMB 307 Little Falls, NJ 07424 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Radiology Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,862.50
3.34	Nonpriority creditor's name and mailing address RevSpring 26988 Network Place Chicago, IL 60673-1269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Appointment reminder system</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248.84
3.35	Nonpriority creditor's name and mailing address Sk Paper Shred P.O. Box 201 Branchville, NJ 07826 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Shredding Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.61
3.36	Nonpriority creditor's name and mailing address The Paul Revere 1 Fountan Square, Chattanooga, TN 37402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,077.85
3.37	Nonpriority creditor's name and mailing address TNTMAX PO BOX 605 Wycokoff, NJ 07481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Computer Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,147.32
3.38	Nonpriority creditor's name and mailing address UNUM 1 Fountain Square Chattanooga, TN 37402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance - Business Overhead</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,077.85

Debtor	Name	Case number (if known)	25-11370
3.39	Nonpriority creditor's name and mailing address Valley National Bank PO BOX 950 Wayne, NJ 07474-0950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,828.67
3.40	Nonpriority creditor's name and mailing address Valley Partners c/o Lota & Bernard, LLC 6 Prospect St #3a, Midland Park, NJ 07432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Landlord</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$632,206.00
3.41	Nonpriority creditor's name and mailing address Verizon P.O. Box 408 Trenton, NJ 08650-4830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$552.76
3.42	Nonpriority creditor's name and mailing address Vincent K. McInerney 10 Boxwood Drive Morristown, NJ 07960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guaranteed Minimum Distribution and Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,046.17
3.43	Nonpriority creditor's name and mailing address Wayne Fire Bureau 475 Valley Road Wayne, NJ 07470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.44	Nonpriority creditor's name and mailing address Workeasy Software 1200 SW 145th Ave Suite 200 Hollywood, FL 33027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Time tracking software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131.25

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Debtor	Name	Case number (if known)	
	New Jersey Orthopaedic Institute LLC	25-11370	
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Charles Newman, Esq. Frier Levitt 84 Bloomfield Ave Pine Brook, NJ 07058	Line 3.14 <input type="checkbox"/> Not listed. Explain _____	—
4.2	CNA 184 Liberty Corner Road, 4th Floor Suite 402 Warren, NJ 07059	Line 3.8 <input type="checkbox"/> Not listed. Explain _____	—
4.3	MagMutual PO Box 52979 Atlanta, GA 30355	Line 3.21 <input type="checkbox"/> Not listed. Explain _____	—
4.4	Tracey Goldstein, Esq., Goldstein Kelin LLC 290 W. Mt. Pleasant Ave., Suite 1340 Livingston, NJ 07039	Line 3.1 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 98,049.75
5b. +	\$ 2,603,074.65
5c.	\$ 2,701,124.40

Fill in this information to identify the case:

Debtor name **New Jersey Orthopaedic Institute LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) **25-11370**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease of 111 Madison Ave, Suite 400, Morristown, NJ 07962**

State the term remaining

List the contract number of any government contract

**AHS Investment Corporation
200 American Rd
Morristown, NJ 07960**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Phone services**

State the term remaining

List the contract number of any government contract

**Cablevision LightPath, LLC
PO BOX 788632
Philadelphia, PA 19178-8632**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Cloud accounting system**

State the term remaining

List the contract number of any government contract

**Freshbooks
225 King St W, Ste 1200
Toronto, Ontario M5V 3M2
Canada**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Answering service**

State the term remaining

List the contract number of any government contract

**Keystone Answering Service
141 Friends Lane, Ste. 200
Newtown, PA 18940**

Debtor 1 **New Jersey Orthopaedic Institute LLC**

First Name

Middle Name

Last Name

Case number (if known) **25-11370**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **Copier Lease**

State the term remaining

List the contract number of any government contract

**Leaf
PO BOX 5066
Hartford, CT 06102**

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **Electronic Medical records**

State the term remaining

List the contract number of any government contract

**Medent
15 Hulbert Street
Auburn, NY 13021**

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **Dictation software**

State the term remaining

List the contract number of any government contract

**Mindware Connections
144 Village Landing #310
Fairport, NY 14450**

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **1900 Union Valley Rd, Hewitt, NJ 07421 lease**

State the term remaining

List the contract number of any government contract

**MJD Realty
1900 Union Valley Road, Ste 303
Hewitt, NJ 07421**

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **45 Carey Avenue, Butler, NJ 07405**

State the term remaining

List the contract number of any government contract

**N. Jersey Center for Arthritis and Osteo
c/o Elizabeth Hawruk, MD
45 Carey Avenue
Butler, NJ 07405**

Debtor 1 **New Jersey Orthopaedic Institute LLC**

First Name

Middle Name

Last Name

Case number (if known) **25-11370**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.10. State what the contract or lease is for and the nature of the debtor's interest **Insurance claims software**

State the term remaining

List the contract number of any government contract

**Navinet, Inc.
PO Box 8048
Carol Stream, IL 60197**

- 2.11. State what the contract or lease is for and the nature of the debtor's interest **A/R management services contract**

State the term remaining

List the contract number of any government contract

**RevSpring
26988 Network Place
Chicago, IL 60673-1269**

- 2.12. State what the contract or lease is for and the nature of the debtor's interest **Shredding contract**

State the term remaining

List the contract number of any government contract

**Sk Paper Shred
P.O. Box 201
Branchville, NJ 07826**

- 2.13. State what the contract or lease is for and the nature of the debtor's interest **Computer and internet services**

State the term remaining

List the contract number of any government contract

**TNTMAX
PO BOX 605
Wycokoff, NJ 07481**

- 2.14. State what the contract or lease is for and the nature of the debtor's interest **504 Valley Rd, Suite 22, Wayne, NJ 07470 lease**

State the term remaining

List the contract number of any government contract

**Valley Partners
c/o Lota & Bernard, LLC
6 Prospect St #3a,
Midland Park, NJ 07432**

Debtor 1 **New Jersey Orthopaedic Institute LLC**

First Name

Middle Name

Last Name

Case number (if known) **25-11370**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.15. State what the contract or lease is for and the nature of the debtor's interest **Phone service**

State the term remaining

List the contract number of any government contract

Verizon
P.O. Box 408
Trenton, NJ 08650-4830

- 2.16. State what the contract or lease is for and the nature of the debtor's interest **Timekeeping system**

State the term remaining

List the contract number of any government contract

Workeasy Software
1200 SW 145th Ave Suite 200
Hollywood, FL 33027

Fill in this information to identify the case:

Debtor name New Jersey Orthopaedic Institute LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 25-11370

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**

Column 2: **Creditor**

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Northlands Orthopaedic Institute LLC

504 Valley Road Suite 200 Wayne, NJ 07470

Academy Orthopaedics LLC, et als.

☒ D 2.1
☐ E/F _____
☐ G _____

Fill in this information to identify the case:

Debtor name New Jersey Orthopaedic Institute LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 25-11370

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From 1/01/2025 to Filing Date

Sources of revenue

Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue

(before deductions and exclusions)

\$173,000.00

For prior year:

From 1/01/2024 to 12/31/2024

☒ Operating a business

☐ Other _____

\$2,000,000.00

For year before that:

From 1/01/2023 to 12/31/2023

☒ Operating a business

☐ Other _____

\$2,081,000.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from

each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ SEE ATTACHED EXHIBIT

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer

Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **New Jersey Orthopaedic Institute LLC**Case number (if known) **25-11370**

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Vincent K. McInerney 10 Boxwood Drive Morristown, NJ 07960 Principal	Bi-weekly for 26 pay periods	\$495,199.64	Regular distributions
4.2. Lisa McInerney 10 Boxwood Dr Morristown, NJ 07960 Spouse of Principal	Bi-weekly for 26 pay periods	\$124,800.00	Salary
4.3. Laurelle A. McInerney P.O. Box 479 New Vernon, NJ 07976 Daughter of Principal	Bi-weekly for 26 pay periods	\$37,403.20	Salary
4.4. Chase Card Services P.O. Box 15298 Wilmington, DE 19850-5298	11/15/24, 12/18/24	\$685.60	Reimbursement of Lisa McInerney business-related document shredding costs
4.5. Genesis Financial PO Box 20829 Fountain Valley, CA 92728	Monthly	\$17,911.56	Car payment (\$1,492.63 per month) for Principal's business vehicle

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Academy Orthopaedics LLC, et als. v Debtor PAS-C-26-24	Entry of Arbitral Award	Super. Ct. NJ: Passaic Cty. Chancery	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor **New Jersey Orthopaedic Institute LLC**Case number (if known) **25-11370**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	622 Eagle Rock Ave. Realty, LLC v. Debtor ESX-LT-21737-24	Landlord-Tenant	Super Ct. NJ: Essex Special Civil	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	Seaton Hall Preparatory School	Charitable Contribution	4/29/24	\$1,000.00
	Recipients relationship to debtor			
9.2.	St. Joseph's Hospital	Charitable Contribution	12/10/24, 8/14/23	\$11,500.00
	Recipients relationship to debtor			
9.3.	Black Bear Sports Group	Charitable Contribution	8/14/23, 1/9/24, 4/9/24, 7/3/24, 8/28/24	\$22,500.00
	Recipients relationship to debtor			
9.4.	Educating Athletes	Charitable Contribution	1/9/24, 5/11/23, 5/18/23	\$12,000.00
	Recipients relationship to debtor			
9.5.	Friends of Congressman Tom Mast	Networking/Political Contribution	3/26/24, 2/17/23, 5/18/23	\$6,200.00
	Recipients relationship to debtor			

Debtor **New Jersey Orthopaedic Institute LLC**

Case number (if known) **25-11370**

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.6.	EJI Excellence in Medicine Awards	Sponsorship	3/30/23	\$10,000.00

Recipients relationship to debtor

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. **Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Saul Ewing LLP 1037 Raymond Blvd. Suite 1520 Newark, NJ 07102	Attorney Fees	2/10/25	\$53,476.00

Email or website address
stephen.ravin@saul.com

Who made the payment, if not debtor?

12. **Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. **Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Debtor **New Jersey Orthopaedic Institute LLC**

Case number (if known) **25-11370**

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 622 Eagle Rock West Orange, NJ 07052	Through January 2025

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. N. Jersey Center for Arthritis and Osteo c/o Elizabeth Hawruk, MD 45 Carey Avenue Butler, NJ 07405	Orthopaedic practice	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 504 Valley Rd, Suite 22, Wayne, NJ 07470	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.2. New Jersey Orthopaedic Institute 111 Madison Ave, Suite 400 Morristown, NJ 07962	Orthopaedic practice	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 504 Valley Rd, Suite 22, Wayne, NJ 07470	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.3. New Jersey Orthopaedic Institute 1900 Union Valley Road, Ste 303 Hewitt, NJ 07421	Orthopaedic practice	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 504 Valley Rd, Suite 22, Wayne, NJ 07470	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained.

Debtor **New Jersey Orthopaedic Institute LLC**Case number (if known) **25-11370****HIPAA-protected personally-identifiable information**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

X Yes. Does the debtor serve as plan administrator? **NO**.

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a

Debtor **New Jersey Orthopaedic Institute LLC**Case number (if known) **25-11370**

similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
- ☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements**26a.** List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Walter Loeffler, CPA/ABV/CCF BusinessValuation Services Morristown, NJ 07960	
26a.2. Kinga Skalska-Dybas, Practice Admin 504 Valley Road, Suite 200 Wayne, NJ 07470	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Debtor **New Jersey Orthopaedic Institute LLC**

Case number (if known) **25-11370**

Name and address	If any books of account and records are unavailable, explain why
26c.1. Walter Loeffler, CPA/ABV/CCF BusinessValuation Services Morristown, NJ 07960	
26c.2. Kinga Skalska-Dybas, Practice Admin 504 Valley Road, Suite 200 Wayne, NJ 07470	
26c.3. Deborah A. Nappi, CPA, MST 389 Interpace Parkway, STE 3 Parsippany, NJ 07054	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. Academy Orthopaedics LLC, et als. c/o Paul DeMartino, Esq. Brach Eichler LLC 101 Eisenhower Parkway, Roseland, NJ 07068

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Vincent K. McInerney	10 Boxwood Drive Morristown, NJ 07960	Managing Member	1%
Name	Address	Position and nature of any interest	% of interest, if any
Northlands Orthopaedic Institute LLC		Member	99%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
- ☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
- ☐ Yes. Identify below.

Debtor **New Jersey Orthopaedic Institute LLC**

Case number (if known) **25-11370**

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

New Jersey Orthopaedic Institute Cash Balance Plan held at Merrill Lynch Wealth Management

EIN:

Debtor New Jersey Orthopaedic Institute LLC

Case number (if known) 25-11370

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 25, 2025

/s/ Vincent McNerney

Signature of individual signing on behalf of the debtor

Vincent McNerney

Printed name

Position or relationship to debtor Sole Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ Yes

Date	Recipient	Purpose	Amount Transferred
11/26/2024	Association Member Trust	Insurance coverage December 2024	(\$23,777.46)
12/24/2024	Association Member Trust	Insurance coverage 01-01-25	(\$23,778.06)
		Total	(\$47,555.52)
11/12/2024	J & J Health Care Systems, INC	Medical products	(\$3,570.00)
11/12/2024	J & J Health Care Systems, INC	Medical products	(\$3,570.00)
11/22/2024	J & J Health Care Systems, INC	Medical products	(\$16,270.00)
12/10/2024	J & J Health Care Systems, INC	Medical products	(\$3,570.00)
12/24/2024	J & J Health Care Systems, INC	Medical products	(\$3,570.00)
1/16/2025	J & J Health Care Systems, INC	Medical products	(\$3,570.00)
		Total	(\$34,120.00)
11/22/2024	McKesson Medical Surgical	Medical products	(\$548.72)
12/10/2024	McKesson Medical Surgical	Medical products	(\$10,573.50)
1/8/2025	McKesson Medical Surgical	Medical products	(\$1,449.99)
		Total	(\$12,572.21)
11/12/2024	MEDENT	Practice Management Software	(\$84.04)
11/15/2024	MEDENT	Practice Management Software	(\$269.86)
11/22/2024	MEDENT	Practice Management Software	(\$465.34)
11/26/2024	MEDENT	Practice Management Software	(\$219.19)
12/10/2024	MEDENT	Practice Management Software	(\$359.96)
12/20/2024	MEDENT	Practice Management Software	(\$352.13)
12/24/2024	MEDENT	Practice Management Software	(\$439.91)
12/27/2024	MEDENT	Practice Management Software	(\$3,296.60)
1/8/2025	MEDENT	Practice Management Software	(\$320.20)
1/8/2025	MEDENT	Practice Management Software	(\$6,796.99)
1/16/2025	MEDENT	Practice Management Software	(\$494.53)
		Total	(\$13,098.75)
11/22/2024	Saul Ewing. LLP	Legal Fees	(\$7,234.50)
12/20/2024	Saul Ewing. LLP	Legal Fees	(\$4,054.50)
2/10/2025	Saul Ewing. LLP	Legal Fees	(\$53,476.00)
		Total	(\$64,765.00)
11/22/2024	SportsCare Institute, Inc	Medical Staffing	(\$8,333.32)
12/10/2024	SportsCare Institute, Inc	Medical Staffing	(\$4,166.66)
1/16/2025	SportsCare Institute, Inc	Medical Staffing	(\$4,166.66)
		Total	(\$16,666.64)
11/12/2024	Valley National Bank	Credit Card	(\$7,516.72)
12/10/2024	Valley National Bank	Credit Card	(\$5,063.92)
1/16/2025	Valley National Bank	Credit Card	(\$8,800.62)
		Total	(\$21,381.26)
11/12/2024	Valley Partners, LLC	Rent - Wayne	(\$16,637.00)
12/10/2024	Valley Partners, LLC	Rent - Wayne	(\$16,637.00)
12/20/2024	Valley Partners, LLC	Rent - Wayne	(\$16,637.00)
		Total	(\$49,911.00)
11/22/2024	Walter E. Loeffler	Professional Fees	(\$14,725.00)
1/8/2025	Walter Loeffler, CPA	Professional Fees	(\$5,125.00)
		Total	(\$19,850.00)

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of New Jersey**

In re **New Jersey Orthopaedic Institute LLC**

Debtor(s)

Case No. **25-11370**

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	53,476.00
Prior to the filing of this statement I have received	\$	53,476.00
Balance Due	\$	0.00

2. \$ **1,738.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify): **Debtor and Northlands Orthopaedic Institute LLC**

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Retainer plus filing fee; hourly billing for all bankruptcy and adversary services

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 25, 2025

Date

/s/ Stephen B. Ravin

Stephen B. Ravin 7074

Signature of Attorney

Saul Ewing LLP

1037 Raymond Blvd.

Suite 1520

Newark, NJ 07102

(973)286-6714

stephen.ravin@saul.com

Name of law firm

**United States Bankruptcy Court
District of New Jersey**

In re	<u>New Jersey Orthopaedic Institute LLC</u>	Case No.	<u>25-11370</u>
	Debtor(s)	Chapter	<u>11</u>

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Northlands Orthopaedic Institute LLC		99%	Membership
Vincent K. McInerney 10 Boxwood Drive Morristown, NJ 07960		1%	Membership

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Sole Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date	<u>February 25, 2025</u>	Signature	<u>/s/ Vincent McInerney</u> <u>Vincent McInerney</u>
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Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
District of New Jersey**

In re **New Jersey Orthopaedic Institute LLC**

Debtor(s)

Case No. **25-11370**

Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **New Jersey Orthopaedic Institute LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Northlands Orthopaedic Institute LLC

☐ None [*Check if applicable*]

February 25, 2025

Date

/s/ Stephen B. Ravin

Stephen B. Ravin 7074

Signature of Attorney or Litigant

Counsel for **New Jersey Orthopaedic Institute LLC**

Saul Ewing LLP

1037 Raymond Blvd.

Suite 1520

Newark, NJ 07102

(973)286-6714

stephen.ravin@saul.com